

____ License No.	-or-	____ VIN last 6 digits	Vehicle Make & Model	Year	Institution
Report Month & Year		Starting Odometer		1	2
				3	4
				Exempt	

Date	Daily Trip Log (Destination)	Commute Miles	Odometer End of Trip	Gasoline		Oil Added Betw. changes		Driver Initials
				Gals	Cost	Qts.	Cost	
TOTALS								

Maintenance and Repairs (Do not include gas, or oil added between changes)			
Date	Description	Qty. or Freq.	Cost

FLEET COORDINATOR USE					
Maintenance		Body/Fender & Accident Repairs		No. of tires added	Accident Freq.
Freq.	Cost	Freq.	Cost		